



A Public Service Agency

EMPLOYER TESTING PROGRAM  
EXAMINER DRIVER TESTING LOG

EXAMINER NAME		EXAMINER DRIVER LICENSE NUMBER	CHECK CLASS OF LICENSE & ENDORSEMENTS <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> B15 <input type="checkbox"/> B16 <input type="checkbox"/> T <input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> X Firefighter Non Commercial <input type="checkbox"/> A <input type="checkbox"/> B		
ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NUMBER (    )
Driver Name	Driver's DL #	Employer's Name	Date of Driving Test	Passed	Failed
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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Driver Name	Driver's DL #	Employer's Name	Date of Driving Test	Passed	Failed
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